

DRAFT FROM ECAC PROJECT TEAMS
ECAC 2012 Outcomes and Recommendations

Child Outcomes			System Outcomes		
<i>Safe and Healthy Children</i>	<i>Quality Early Learning</i>	<i>Stable, Nurturing, Economically Secure Families</i>	<i>Safe and Healthy Children</i>	<i>Quality Early Learning</i>	<i>Stable, Nurturing, Economically Secure Families</i>
Increase the number of children who receive appropriate screening and assessment at key developmental stages.	All children birth to five will have access to quality early childhood development services.	An increased number of parents will participate in training and leadership opportunities and, subsequently engage in decision-making processes, within schools, early childhood and family support programs and local government.	Improved nutrition and physical activity environments to support healthy eating and physical activity habits.	Increased early care and education provider knowledge of evidence-based nutrition and physical activity strategies.	Evidence-based models will be used to develop local family-school-community partnerships and in developing training curricula for family engagement.
Increased number of eligible children continuously enrolled in Medicaid/BadgerCare Plus.	By 2014, children will have their individual needs met more consistently through intentional curriculum/assessment by their care providers		Increased use of integrated medical/dental homes to improve access to prevention services across disciplines.	Wisconsin will have better and more consistent information about young children at key developmental milestones to inform early children policies, programs and services.	85% of Wisconsin's early childhood providers will adopt family-centered, strength-based, evidence informed approaches to service delivery and design.
Increased number of children receiving preventive oral health services in multidisciplinary settings.				By October 2013, WI core competencies will be used by higher education and training/technical assistance providers for designing, marketing & tracking professional development to ensure consistency across EC systems and partners.	
Reduced childhood obesity prevalence from 31% to 26% by 2020.			Build a process for developing public-private partnerships to support local early childhood programs.		
				By October 2013, career pathway information and resources will be provided to higher education, training and technical assistance providers and the early childhood workforce	
				By May 2013, a plan will be proposed for cross sector alignment of professional development for the early childhood workforce across DPI, DCF and DHS.	

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			Complete key phase of building an early childhood longitudinal data system: <ul style="list-style-type: none"> Determine ability to link data across departments. Answer questions about indicators of child well being 		

Current Data Measures Recommended by ECAC to Track Well-being of Children in Wisconsin

Early Learning

- % of children enrolled in high quality early childhood programs
- % of children referred for IDEA Part C, Part B, mental health, or other services
- % of children proficient in __ (future measure for kindergarten assessment)
- % of children proficient at the 3rd grade reading test

Health

- % of babies born at low birth weight
- % of children with appropriate number of well child exams
- % of children fully immunized in appropriate age range
- % of children with health insurance

Families/Communities

- % of children in foster care
- % of children with substantiated child abuse or neglect cases
- % of children in poverty
- # of communities with an early childhood council

Recommendations					
<i>Screening and Assessment</i>	<i>Longitudinal Data System</i>	<i>Public-Private Partnership</i>	<i>Family and Community Partnerships</i>	<i>Professional Development</i>	<i>Not Easy Fits for Interventions</i>
Identify source and status of recommendations in the periodicity schedule to identify current capacity and needs.	Include obesity tracking in the EC LDS.	RFP process by which local communities can request funds to build local EC coalitions.	Through grant making and contracting systems, give preference to organizations and programs using evidence-based practices; create planning grants for communities to map existing parent resources, identify gaps, and develop realistic action plans for filling the gaps.	By May 2018 strengthen existing YoungStar Nutritional and Physical Activity criteria.	Improved childhood fitness/physical activity. Increase physical activity, decrease TV/screen time.
Integration of Developmental Screening Goals with 4/5K	Complete a pilot “proof of concept” demonstration across	Support implementation of recommendations from State Oral Health	Require in state licensing and/or create mechanisms through YoungStar to incentivize providers to adopt family	By May 2016, require two NEW nutrition and two NEW physical activity licensing	Improve childhood nutrition. Increase fruits,

Recommendations					
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Assessments	DPI, DCF and DHS to determine the extent to which key data can be matched.	Plan beginning at prenatal and early childhood	partnership and parental leadership strategies and provide training	rule changes.	veggies, and breast feeding. Decrease sugar sweetened beverages consumption and high energy dense food consumption.
Include obesity in screening and assessment and data collection.	Explore the feasibility of using a unique identifier across multiple data systems.		Establish performance measures for organizations/programs regarding family and community engagement.	By May 2016, require in licensing rule that early care and education providers have Nutritional and Physical Activity training.	
Support collaborative work. and promising/best practice approaches to increase access to preventive oral health services.			Support research to examine the costs and benefits of different combinations and intensities of programs and services and explores strategies for matching-need with the right set of services/programs.	Conduct landscape analysis of the Wisconsin cross sector Professional Development structure and develop recommendations for cross sector alignment.	
Develop/disseminate educational materials for developmental screening to community stakeholders with training support.			Support technology tools and systems that provide universal information about and enhance access to benefits for which families are eligible.	Engage the Early Childhood Cross Sector Professional Development Initiative and its partners in DPI's Teacher Licensing Re-design to ensure that the early childhood workforce is represented.	
			Explore statutory changes to Medicaid specific to child mental health.	Continue to build a structure for consistent professional development for training and technical assistance provider, e.g., mentoring, coaching, consultation, peer-to-peer TA and reflective practice.	
				Consider how the outcomes and recommendations from other ECAC Project Teams impact the overall delivery and coordination of early childhood professional development	